**Women and CARE – A summary of the GED Institutional Working Group Discussion**

**February 2012**

**Introduction**

During January and February 2012, the GED Institutional working group had a discussion on the following two questions.

1. What success stories do you have about attracting women to work in CARE?  Can you describe special efforts you make to ensure women get through the interview stages?  How do you ensure that we do not discriminate against men and ensure that we have a competitive field in doing this?  What works for you?
2. In dealing with the organizational culture, particularly of overwork and being separated from family, what type of approaches can we use to enable CARE staff, and particularly women, to stay with CARE?  How gender transformative are we?  How far are we able to address the differential needs of ‘people’ (men and women) in our efforts?  What challenges do we face?  What solutions are we finding?

We had a huge response to this discussion with interventions from 16 COs or regions. The conversation also went further than our group since it was shared amongst the Asia Women’s Leadership Program participants too. As a result of the discussion, we gained 5 new members to the group. This shows how practical and engaging it was. Here, we provide a summary of the discussion for sharing with the group; it will also appear on the working group’s wiki page. Please feel free to share it widely, it is a rich resource! I would love to hear if you try any of these ideas (aburden@care.org).

**Summary**

In general, there is wide acceptance that women are still the primary care takers and with technological and logistical challenges this is often a different challenge for them than men. The situation also depends upon the context, for example CARE Somalia pointed out that it can be challenging to find women to work with CARE there because of low education levels and confidence amongst women.

As one contributor put it, while we need to support women because of the roles they play in the domestic sphere, is there not more that we can do to ensure the men play a role and that partners at home share the work. She wondered if household work was more equitably shared it might support both men and women’s careers. There were no examples of this given from the COs, although in some cases, policies were for both men and women and CARE is reaching out to staff spouses in order to facilitate an understanding of CARE’s work to staff families.

Another contributor noted that even with a lot of effort put into attracting, retaining and developing women; the context can render it very difficult. This is the case in Bangladesh for example where very few women move up in CARE, even with careful attention paid to their development. One factor that seems to push women out of CARE is the uncertainty of job security because of project based funding and contracts. Another contributor pointed to the constraints of funding and how this affects the ability of the organization to take the actions laid out in this summary. Often difficult choices have to be made and providing the enablers for women to succeed does cost money.

In many COs they report having a variety of **policies** to help women balance their work and personal lives for example:

* Some COs provide a space for a nursery to enable new mothers to bring their babies. They either bring a baby sitter or contribute to the employment of the baby sitter. Staff use their daily lactating period (one hour/day) in addition to break time to feed their babies.
* Many COs have a travel with infants policy for mothers and fathers with babies under 2 years, that they can take their babies and baby sitter in their travel and Care covers costs.
* COs also report having a policy for working from home with approval from direct supervisors and men and women (or just women staff). In practice female use this flexibility more. This was seen as particularly relevant for women, but men also benefit from this.
* CARE Egypt also allow some flexibility to females who ask after their marriage or after having a baby to work on part time contract instead of full time to help them to balance between their work and their new personal life.
* Egypt also gives maternity leave for three months and with some flexibility for longer periods and there is also paternity leave but for one week only.
* In some cases insurance schemes, medical insurance, and support for the welfare, health and safety of staff members and their families (including dependent parents for medical and health check up) have attracted more women to the organization
* Many COs have a Women’s group where all women in the office meet regularly and discuss issues related to their lives and share our experiences and learn from each other in issues related to our personal life and how to balance with work.
* Some also have a GED task force and Women Rights program who also raise related to gender and women to management who respond to concerns and address any concerns.

One CO raised the issue **of transport and more specifically motorbikes**. Often it is very difficult to get women to work in remote areas and particularly driving motorbikes. One suggested solution to this was to provide cars and or drivers. This was met with a response that women are just as capable as men to drive and deal with any potential security or technical challenge related to breaking down. She felt that we should make fewer assumptions and ensure that we question and explore with female staff before coming to quick conclusions or making decisions on behalf of women. At the same time, another respondent suggested that women face different security risks than men particularly in relation to sexual and gender based violence. He wondered if CARE had provided self-defense training or equipment (pepper spray or something else depending on the local law). His colleague also raised the point that we have to remember is that women’s attitudes about their own barriers are what they are – whether we like them or not. Women are systematically conditioned to believe certain things, and our job is not necessarily to demand that the stereotypes be turned on their heads in every case, but to work from within to support and nurture the space for change that is there in any way we can find.  This can take time. However, she is hopeful, “there are indeed some in our group who are ready to get out there, break norms and set courageous examples – in ways both large and small – to inspire others.  But it is not something we have always tended to prioritize in our office and it is time that changed…”

In terms of **practices**, one contributor suggested that one of the things that gets good people into CARE and staying is the **workplace culture and environment**. Open door policies, friendly staff that feel like a family, doing social things together after work, having lunch at office, or a nice space to share tea in the morning or afternoon, these things make a difference and cost nothing. This respondent felt that policies help, but where people are at the heart and feel supported and loved at work and enjoy themselves this can be as powerful as policies. Women tend to be more sensitive to having a nicer and friendlier environment. Sometimes it can simply be the office space where staff see each other, smile and look into faces rather than hiding in individual boxes. This means we can notice if someone is sad or happy. When the work place is a good place to be, staff are less likely to start comparing their salaries to other organizations. Another observation was the need to ensure that work life balance is achieved for all staff, this benefits all staff but particularly women who do not feel that they are ‘doing less’ than their male counterparts and that they are judged accordingly.

A number of COs have **internship programs** with local universities where they bring in young female graduates and post-graduates. The availability of women with several years of experience is by far less than men. In many contexts women are just emerging on the work market because of positive efforts made by governments. This means we can attract them through internship programs but it also requires mentoring and development systems, investing in them. People need to see that they have a career path in the organization. One idea that never came to fruition was to offer internships or study programs where CARE staff children (older ones) spent time going out into the field on the projects their parents managed.

Investing in **staff development** to retain staff. It was felt that this did not mean only formal trainings or education but approaches to enhance learning, build staff confidence, feeling fulfilled and encouraged as well as challenged. In some COs this has included helping staff master English – so that they can communicate with confidence in an Anglophone organization. CARE Somalia organizes this by bringing in tutors either at lunch or after work; staff are streamed based on their level of knowledge of the language. Another idea was to have English language days in CARE where nothing gets done if it is not in English. Another respondent pointed out the importance of staff taking responsibility for their learning – CARE programs can contribute, but if the staff member doesn’t take it seriously, it might not work. Success is a result of both commitment and hard work on the part of the staff member and supervisors that recognize the potential of staff and support them to achieve their best. One CO also has a specific management development program for women staff.

On the **recruitment** there were lots of ideas:

* Print out the Job adverts and take them to meetings of women’s associations.
* Explicitly encourage women to apply even on jobs that are traditionally a man’s domain.
* Ask colleagues to share adverts with at least 3 women.
* Do radio adds where we had songs saying – “women, ladies, wake-up wake-up – let’s change the world”.
* Make job adverts that talk about the impact of the work, what is inspiring.
* Get head-hunting, as you meet with others you can encourage them to apply for jobs in CARE.
* Hire women from local areas to work in the remote places;
* Identify safe places for women who work in remote areas;
* Provide time-off for women who are separated from their families;
* Zero tolerance for sexual harassment
* Meet with the husbands of women staff (at the request of the staff) to discuss the nature of the job in CARE.
* Ensure that HR is involved in program development at the earliest stage which would then signal the start of the recruitment process. Engagement at an early stage will provide HR with a clear idea of the types of positions that need filling as well as more time to ensure that the recruitment processes provide adequate opportunities to recruit women.
* Periodically advertise for key positions – project managers, finance positions, etc. Advertise for a range of positions in one go on a quarterly basis with a view to establishing a database of potential candidates. When positions become available, the data base could be reviewed for possible candidates who could then be approached to gauge interest in a particular position. Tanzania used an approach like this, but it does not seem to be widespread in CARE and could be something that we try.
* Positive discrimination, one CO reported that when the skills are deemed to be the same between a male and female candidate for a job, the woman is offered the job. They also suggest that targets can be set, such as ensuring that 50% of the new hires (at different levels) on a project are women; for some jobs they look exclusively for women and re-advertise if they fail the first time. This also depends on the context, since in some countries looking exclusively for women contravenes national law.

**Tracking data and organizational climate**

One respondent pointed out the need to get a sense of organizational climate and GED through formal surveys but also group discussions and reflection. CARE Bangladesh gave some interesting insights into how men and women perceive the challenges that women face, “men feel women's lack of skill and capacity results in low no. of applications. They also tend to believe that household responsibility is a major barrier for women to continue their job. Also, they get better opportunities outside that encourages them to move out of CARE. But women feel 'colleagues' attitude', 'working environment', 'work load' and 'lack of supportive management' are the major reasons for women drop-outs. One of the other reasons that females employees identify as discouraging for women to apply at CARE is because some place of posting demand employees to work at remote areas.”

Another respondent felt that it is important to track data to know where we are in terms of representation, this can help with accountability and decision making at senior management level.

**Attitudinal change and political will**

One respondent underscored the need for constant engagement with staff on these issues through more creative approaches such as films, role play, theatre and celebration. Another pointed to the need to constantly explore and challenge attitudes; in some countries women are succeeding in other organizations but not CARE, and this seems to indicate that we need to do something about the work environment in CARE. One respondent attested to the fact that change happens when it is required, mandated and tracked from a leadership level across the organization.

One contribution pointed to how attitudes can and do change, the reflection was about their grandmother who had to leave the teaching profession when she married! Just two generations ago in America; today this would no longer be the case.

**Learning from others**

Many, many staff wrote of their appreciation for this discussion, the exchange in the working group is one that helps them learn from each other. This in itself is a lesson. As one contributor put it “I cannot appreciate enough these forums and discussions, they help me mature as a GED person at CARE and actually allow me to appreciate human diversity, how women and men can synergize at times and where a person (man or women) can be detriment to themselves if there is no opportunity to self assess, reflect, receive constructive guidance and criticism, hand-holding, mentoring, or simply just a big hug when words go amiss!”

One respondent in CARE Nepal spoke to her experience with Action Aid where real efforts were made to recruit women. Many o the approaches outlined above were used and within 2 years they went from 15% women to 25%, an additional benefit that they offered women was a motorcycle loan to facilitate their commute to work. Women who had never thought of driving a motorcycle did so at a time when very few women did in that context. Later computer and mobile phone loans were given (as a priority to women) to enable them to communicate and work more flexibly.

**A mix of approaches and consistency**

One respondent summed up the ideas very well. She pointed out that there is no one magic bullet, so you need to keep trying and testing.

Another contributor pointed out how part of the problem is that some managers are very supportive to enhancing women’s ability to work with CARE and grow in CARE. However, this is not consistent. In some departments female staff remains stuck at positions with just their annual increments year after year, they receive little opportunity for training and skills growth leading to a rise in the organization; they are marked down on APAAs due to poor punctuality but not recognized for staying late and being part of meetings held at hours that take away from their home time.